

LO8000035586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

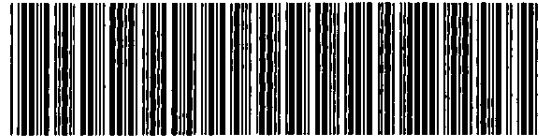
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200161977072

10/23/09--01016--017--\*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 23 PM 12:59

FILED

N. O. [unclear] OCT 26 2009

LAW OFFICES

**CASEY CIKLIN LUBITZ MARTENS & O'CONNELL**

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

LINDA DICKHAUS AGNANT, P.A.  
BRUCE G. ALEXANDER, P.A.  
JERALD S. BEER, P.A.  
JOHN D. BOYKIN, P.A.  
RAMSAY J. BULKELEY  
JESSICA M. CALLOW  
PATRICK J. CASEY, P.A.  
RICHARD R. CHAVES, P.A.  
PATRICIA M. CHRISTIANSEN, P.A.  
ALAN J. CIKLIN, P.A.  
ROBERT L. CRANE, P.A.  
RONALD E. CRESCENZO, P.A.  
JEFFREY M. GARBER, P.A.  
ASHLEY N. GIROLAMO  
JASON S. HASELKORN, P.A.

CHRISTINE M. HOKE  
W. JAY HUNSTON, III  
RICHARD A. JAROLEM, P.A.  
BRIAN B. JOSLYN, P.A.  
GREGORY S. KINO, P.A.  
CHARLES A. LUBITZ, P.A.  
RICHARD L. MARTENS, P.A.  
BRIAN M. O'CONNELL, P.A.  
PHIL D. O'CONNELL, P.A.  
CHARLES L. PICKETT  
NICHOLAS J. PURVIS  
MATTHEW N. THIBAUT, P.A.  
DEAN VEGOSEN, P.L.  
GARY WALK, P.A.  
JOHN R. YOUNG, P.A.

PHILLIP D. O'CONNELL, SR. (1907-1987)

OF COUNSEL

MICHAEL J. MONCHICK, P.A.  
MICHAEL J. KENNEDY, P.A.  
KEVIN D. WILKINSON, P.A.

515 NORTH FLAGLER DRIVE, STE. 1900  
WEST PALM BEACH, FLORIDA 33401-4343  
TELEPHONE: (561) 832-5900  
FACSIMILE: (561) 833-4209

October 13, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: TFM Holdings, LLC  
FEI #: L08000035586

Dear Sir/Madam:

Enclosed please find the original and one copy of the Statement of Change of Registered Agent for Corporations with reference to the above-captioned corporation, and our \$25.00 check for filing.

Please file same and return the date-stamped copy to me in the self-addressed stamped envelope provided.

If you should have any questions or require any additional information, please feel free to contact me at (561) 832-5900. Thank you for your cooperation in this matter.

Sincerely,  
**JERALD S. BEER**

Jerald S. Beer

JSB/mre  
Encl.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TFM Holdings, LLC

2. (a) Principal office address of limited liability company: 413 Oak Place

(Note: **MUST BE STREET ADDRESS**) Building 4-S  
Port Orange, Florida 32127

(b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

04/08/2008  
3. Date of filing/registration in Florida

L08000035588  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent: Gregory G. Taylor

Registered Office Address: 413 Oak Place  
Building 4-S  
Port Orange, Florida 32127

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Jerald S. Beer, Esq

**NEW Registered Office Address:** Casey, Ciklin, et al  
**(MUST BE FLORIDA STREET ADDRESS)** 515 North Flagler Drive, Suite 1800  
West Palm Beach, FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

J. Steven B. Fish  
Signature of a member or authorized representative of a member

Steven B. Fish  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

**FILED**  
**09 OCT 23 PM 12:59**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA